## Case 24-11601-amc Doc 22 Filed 06/11/24 Entered 06/11/24 13:23:39 Desc Mail Document Page 1 of 3

			Boodinent 1	uge 1 01 0
Fill in this in	nformation to id	entify your case:		
Debtor 1  Debtor 2 (Spouse, if filing)  United States  Case number (If known)	Chris First Name First Name Bankruptcy Court f 24-11601		Cinkaj  Last Name  Last Name  Of Pennsylvania	Check if this is:  An amended filing  A supplement showing postpetition chapter 13 expenses as of the following date:  MM / DD / YYYYY
Official F	orm 106	<u>J</u>		
Sched	lule J:	Your Exper	ises	12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Describe Your Hou	usehold			
Ò	s this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a s	separate household?			
	☐ No☐ Yes. Debtor 2 must fil	le Official Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
2. 🖸	o you have dependents?	X No	Dependent's relationship to	Dependent's	Does dependent live
	o not list Debtor 1 and Debtor 2.	Yes. Fill out this information for	Debtor 1 or Debtor 2	age	with you?
	Oo not state the dependents' ames.	each dependent	· 		☐ No ☐ Yes
					☐ No ☐ Yes
					□ No □ Yes
					□ No □ Yes
					□ No □ Yes
е	o your expenses include expenses of people other than ourself and your dependents?	<b>X</b> No □ Yes			
Par	t 2: Estimate Your Ongo	ing Monthly Expenses			

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 2338.47 any rent for the ground or lot. If not included in line 4: 622.02 Real estate taxes 4a. \$ 237.75 4b. Property, homeowner's, or renter's insurance 4b. 100.00 Home maintenance, repair, and upkeep expenses 4c. 4c. 4d. Homeowner's association or condominium dues \$ 0.00 4d

## Case 24-11601-amc Doc 22 Filed 06/11/24 Entered 06/11/24 13:23:39 Desc Main Document Page 2 of 3

Debtor 1 Chris Cinkaj Case number (if known) 24-11601-amc

Case number (if known)

Specify:				Your expenses
Box   Company	5	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Other, Specify. Propane 7c. Food and housekeeping supplies 8c. Childcare and children's education costs 8c. 0.00			J.	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify. Propane 6cd. \$ 117.44  7. Food and housekeeping supplies 7. \$ 800.00  8. Childcare and children's education costs 8. \$ 0.00  9. \$ 300.00  10. Personal care products and services 10. \$ 50.00  11. \$ 240.00  12. Transportation. Include gas, maintenance, bus or train fare. 10. Do not include car payments. 12. \$ 200.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00  14. \$ 0.00  15. Insurance. 16. On ont include desurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify. 15d. Other insurance. Specify. 15d. Other insurance. Specify. 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  17a. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify 17d. O	0.		6a.	<sub>\$</sub> 245.80
6c. Telephone, cell phone, Internet, satellille, and cable services   6c.   100.00     6c. Other. Specify   Propane   6d.   117.44     7. Food and housekeeping supplies   7.   8. 800.00     8. Childcare and children's education costs   8.   0.00     9. Clothing, laundry, and dry cleaning   9.   \$ 300.00     10. Personal care products and services   10.   \$ 50.00     11. Medical and dental expenses   11.   \$ 240.00     12. Transportation. Include gas, maintenance, bus or train fare.   9.   \$ 200.00     13. Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$ 0.00     14. Charitable contributions and religious donations   14.   \$ 0.00     15. Insurance.   15.   \$ 0.00     15. Insurance.   15a.   \$ 0.00     15a. Life insurance deducted from your pay or included in lines 4 or 20.     15a. Life insurance   15a.   \$ 0.00     15b. Health insurance   15c.   \$ 1.54.55     15c. Vehicle insurance   15c.   \$ 1.54.55     15c. Other Insurance. Specify   15d.   \$ 0.00     17. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.     17. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.     17. Installment or lease payments:   17a.   \$ 0.00     17. Car payments for Vehicle 1   17a.   \$ 0.00     17. Other. Specify   17d. Other. Speci				\$ 132.08
6d Other Specify:   Propane   6d   \$ 117.44			6c.	100.00
7. Food and housekeeping supplies 7. \$ 800.00  8. Childcare and children's education costs 8. \$ 0.00  9. Cichting, laundry, and dry cleaning 8. \$ 300.00  10. Personal care products and services 10. \$ 50.00  11. \$ 240.00  12. Transportation. Include gas, maintenance, bus or train fare. 20.00 to not include car payments. 12. \$ 200.00  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00  14. Charitable contributions and religious donations 14. \$ 0.00  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. \$ 15c.				\$ 117.44
Description	7.	· · · · · · · · · · · · · · · · · · ·	7.	\$ 800.00
10.   Personal care products and services	8.	Childcare and children's education costs	8.	\$ 0.00
10.   Personal care products and services   10.   \$ 50.00	9.	Clothing, laundry, and dry cleaning		200.00
11.   Medical and dental expenses				50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. \$0.00  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17e. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 19. Other payments on other property 20a. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses				'
12   12   13   14   15   15   15   15   15   15   15				•
14. Charitable contributions and religious donations       14. \$ 0.00         15. Insurance.       3.0.00         15a. Life insurance       15a. \$ 0.00         15b. Health insurance       15b. \$ 31.80         15c. Vehicle insurance       15c. \$ 154.55         15d. Other insurance. Specify:	-		12.	\$
15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17e. Car payments for Vehicle 1 17e. Car payments for Vehicle 1 17e. Car payments for Vehicle 2 17e. Other. Specify: 17e. Specify: 17e	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.   15a. Life insurance	14.	Charitable contributions and religious donations	14.	\$0.00
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. \$  15d. \$  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$  17e. Specify: 17e. Car payments for Vehicle 1 17e. Car payments for Vehicle 2 17e. Car payments for Vehicle 2 17e. Other. Specify: 17e. Other. Specify: 17e. Other. Specify: 17e. Specify: 17	15.			
15c. Vehicle insurance       15c. \$ 154.55         15d. Other insurance. Specify:		15a. Life insurance	15a.	\$0.00
15d. Other insurance. Specify:		15b. Health insurance	15b.	\$ 31.80
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:		15c. Vehicle insurance	15c.	\$ 154.55
Specify:		15d. Other insurance. Specify:	15d.	\$
17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S 0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. \$ 0.00  19. Other payments you make to support others who do not live with you.  Specify:  19. \$ 0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. \$ 0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	16.		16.	\$0.00
17b. Car payments for Vehicle 2  17c. Other. Specify:	17.	Installment or lease payments:		
17c. Other. Specify:			17a.	\$0.00
17c. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$0.00
17d. Other. Specify:				
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$  0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses		· · · · · · · · · · · · · · · · · · ·		\$0.00
Specify:	18.	Your payments of alimony, maintenance, and support that you did not report as deducted from	18.	\$ 0.00
Specify:	19	Other payments you make to support others who do not live with you.		
20a. Mortgages on other property  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	.5.		19.	\$ 0.00
20a. Mortgages on other property  20a. \$ 0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses	20		e.	
20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00				\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses  20d. \$ 0.00  0.00			20b.	\$0.00
20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00				\$
0.00				· ————————————————————————————————————
		20e. Homeowner's association or condominium dues	20e.	\$ 0.00

## 

Debtor 1	Chris	3	Cinkaj	(	Case number (if known)	24-11601-amc
20210. 1	First Name	Middle Name	Last Name	_ `		
21. <b>Oth</b>	ner. Specify:				21.	+\$
22. <b>Cal</b>	culate your mo	nthly expenses.				
22a	. Add lines 4 thr	ough 21.			22a.	\$\$5,715.71
22b	. Copy line 22 (r	monthly expenses	for Debtor 2), if any, from Officia	al Form 106J-2	22b.	\$
22c	. Add line 22a a	nd 22b. The result	is your monthly expenses.		22c.	\$\$5,715.71
23. <b>Calc</b>	•	thly net income.				s 6667.00
23a.	Copy line 12 (	your combined mo	onthly income) from Schedule I.		23a.	\$
23b.	Copy your mo	nthly expenses fro	m line 22c above.		23b.	<b>-</b> \$_\$5,715.71
23c.	Subtract your	monthly expenses	from your monthly income.			s 951.29
	The result is y	our <i>monthly net in</i>	come.		23c.	\$951.29
_			ase in your expenses within th			
			aying for your car loan within the ease because of a modification		•	
X N	lo.					
☐ Y	es. Explain	here:				